

# Free Ultrasound Providers in Virginia

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| Facility Name: <a href="#">The Pregnancy Centers of Central Virginia-Greenbrier</a> | Phone Number: <a href="#">(434) 220-3777</a> |
| Address: <a href="#">1416 Greenbrier Place, Charlottesville, VA 22901</a>           |  |

## Ultrasound Service Information

|   |                     |   |
|---|---------------------|---|
| Provide ultrasound procedures for pregnant women?   | Yes                 |   |
| Provide medical and/or surgical abortions?  | No                  |   |
| Ultrasound conducted by?  | Sonographer, RN     |   |
| Are ultrasound procedures free to the patient?  | Yes                 |   |
| Offer to listen to fetal heart beats?   | Yes                 |   |
| Is listening to heart beat free to the patient?   | Yes                 |   |
| Physician licensed in the Commonwealth of Virginia?   | Yes                 |   |
| Physician clinically supervising trained in ultrasound?   | Yes                 |   |
| Medical records created as a result of the ultrasound procedure?                                  | Yes                 |   |
| How many years does your facility retain ultrasound records?                                      | 7                   |   |
| Ultrasound image copy sent to abortion facility at patient request?                               | No                  | Cost (in dollars) to send copy to abortion facility <a href="#">n/a</a> |
| Will your organization comply with the request within 24 hours?                                   | <a href="#">n/a</a> |   |
| If not, in what time frame will the results be sent to the abortion facility? <a href="#">n/a</a> |                     |   |
| Offer a copy of the ultrasound image to clients?  | Yes                 |   |
| Fee to provide copy to client   | <a href="#">\$0</a> |   |
| Require patients to sign a Release of Medical Information?  | Yes                 |   |
| Specialty registrations/certifications held:  |                     |   |

## Additional Notes:

[Medical record only includes name of patient and information related to ultrasound, no other medical information](#)